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How would you answer these questions about acute cystitis therapy?

1. Is 10 to 14 days therapy really necessary?
2. Which pathogens besides E. coli are most common in acute cystitis?
3. How can you achieve a high degree of efficacy with established safety in therapy?
4. Is it possible to keep the daily cost of adequate effective therapy low?

See inside for answers and other facts about acute cystitis therapy.

ROCHE

Please see last page of this advertisement for summary of product information.

How did you answer these questions?

1. Is 10 to 14 days therapy really necessary?

   Some recent studies suggest that therapy in acute nonobstructed urinary tract infections should be continued for 10 to 14 days even if patients become asymptomatic in 2 or 3 days, as they often do.[1-3]

   1. Fass RJ, Klainer AS, Perkins RL: JAMA 225:1509-1513, Sept 17, 1973.
   2. Greene LF: Med Opinion 3(5):12-27, May 1974. 3. AMA Council on Drugs, AMA Drug Evaluation at Chicago, 1971, pp. 413-421.

2. Which pathogens besides E. coli are most common in acute cystitis?

   Klebsiella-Aerobacter, Staph. aureus, Proteus mirabilis and Proteus vulgaris. While E. coli accounts for about 80% of first infections, these other organisms are also important.

3. How can you achieve a high degree of efficacy with established safety in therapy?

   By prescribing Gantrisin® (sulfisoxazole) 4 to 8 tablets (0.5 Gm each) stat, then 2 to 4 tablets q.i.d. for 10 to 14 days.

4. Is it possible to keep the daily cost of adequate effective therapy low?

   Yes, with Gantrisin. The average daily cost of therapy with Gantrisin is about 42¢.

for effective treatment of acute cystitis*

*nonobstructed; due to susceptible organisms

Please see last page of this advertisement for summary of product information.

Look at what your patients get with 10 to 14 days of Gantrisin therapy for acute cystitis.

Look at Gantrisin dependable therapy.

Its outstanding record of performance makes Gantrisin a drug often preferred in the treatment of acute unobstructed cystitis. While symptoms may disappear in less than 48 hours, once therapy begins, a 10- to 14-day regimen is usually necessary to ensure adequate therapy. Gantrisin is effective against susceptible strains of E. coli and other common urinary tract pathogens.

Look at Gantrisin rapid, effective urine levels.

Gantrisin provides therapeutic levels in urine and blood within two to three hours of ingestion, and excretion is rapid.

Look at Gantrisin established safety.

Gantrisin introduced a new era of sulfonamide therapy coupling effectiveness and relative safety. Its high solubility minimizes risk of crystalluria and renal damage. Side effects are few. However, during any sulfonamide therapy adequate fluids should be maintained and urinalysis with careful microscopic examination should be performed frequently.

Look at Gantrisin substantial economy.

Few antibacterials can approach the economy of Gantrisin therapy. A specific for urinary tract infection, Gantrisin avoids not only the expense of multipurpose antibiotics, but some of their possible undesired side reactions.

6½¢

average patient cost per tablet

Take a new look at Gantrisin®

sulfisoxazole/Roche®

4 to 8 tablets (0.5 Gm each) stat, 2 to 4 tablets q.i.d. for 10 to 14 days

Gantrisin®

sulfisoxazole/Roche®

4 to 8 tablets stat, 2 to 4 tablets q.i.d. for 10 to 14 days

for effective treatment of acute cystitis*

*nonobstructed; due to susceptible organisms

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Nonobstructed urinary tract infections (mainly cystitis, pyelitis, pyelonephritis) due to susceptible organisms. **IMPORTANT NOTE: *In vitro* sensitivity tests not always reliable; must be coordinated with bacteriological and clinical response. Add aminobenzoic acid to follow-up culture media. Increasing frequency of resistant organisms limits usefulness of antibacterial agents, especially in chronic and recurrent urinary infections.** Maximum safe total sulfonamide blood levels, 20 mg/100 ml; measure levels as variations may occur.

Contraindications: Hypersensitivity to sulfonamides; infants less than 2 months of age; pregnancy at term and during the nursing period.

Warnings: Safety in pregnancy not established. Do not use for group A beta-hemolytic streptococcal infections, as sequelae (rheumatic fever, glomerulonephritis) are not prevented. Deaths reported from hypersensitivity reactions, agranulocytosis, aplastic anemia and other blood dyscrasias. Sore throat, fever, pallor, purpura or jaundice may be early indications of serious blood disorders. CBC and urinalysis with careful microscopic examination should be performed frequently.

Precautions: Use cautiously in patients with impaired renal or hepatic function, severe allergy or bronchial asthma. Hemolysis, frequently dose-related, may occur in glucose-6-phosphate dehydrogenase-deficient patients. Maintain adequate fluid intake to prevent crystalluria and stone formation.

Adverse Reactions: *Blood dyscrasias:* Agranulocytosis, aplastic anemia, thrombocytopenia, leukopenia, hemolytic anemia, purpura, hypoprothrombinemia and methemoglobinemia; *Allergic reactions:* Erythema multiforme (Stevens-Johnson syndrome), generalized skin eruptions, epidermal necrolysis, urticaria, serum sickness, pruritus, exfoliative dermatitis, anaphylactoid reactions, periorbital edema, conjunctival and scleral injection, photosensitization, arthralgia and allergic myocarditis; *Gastrointestinal reactions:* Nausea, emesis, abdominal pains, hepatitis, diarrhea, anorexia, pancreatitis and stomatitis; *C.N.S. reactions:* Headache, peripheral neuritis, mental depression, convulsions, ataxia, hallucinations, tinnitus, vertigo and insomnia; *Miscellaneous reactions:* Drug fever, chills and toxic nephrosis with oliguria and anuria. Periarteritis nodosa and L.E. phenomenon have occurred. Due to certain chemical similarities with some goitrogens, diuretics (acetazolamide, thiazides) and oral hypoglycemic agents, sulfonamides have caused rare instances of goiter production, diuresis and hypoglycemia as well as thyroid malignancies in rats following long-term administration. Cross-sensitivity with these agents may exist.

Dosage: Contraindicated in infants under 2 months except in the treatment of congenital toxoplasmosis as adjunctive therapy with pyrimethamine.
Usual adult dosage—2 to 4 Gm initially, then 4 to 8 Gm/24 hrs, in 4 to 6 doses. *Usual dosage for infants over 2 months and children*—½ 24-hr dose initially, then 150 mg/kg/24 hrs in 4 to 6 doses; not over 6 Gm/24 hrs.

How Supplied: Tablets containing 0.5 Gm sulfisoxazole, white, scored—bottles of 100, 500 and 1000; drums of 5000; Tel-E-Dose® packages of 100; Prescription Paks of 100, available singly and in trays of 10.

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